WHAT'S HAPPENING WEDNESDAY

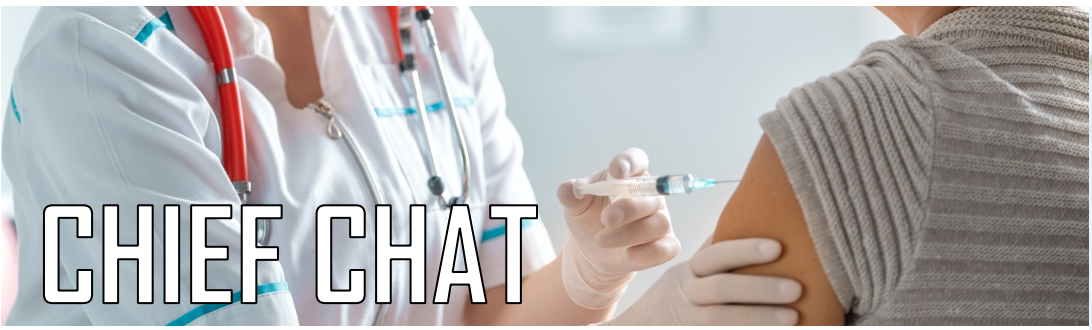
Kansas Immunization Program

June 26, 2019

VFC Consultant On-Call

The Consultant On-Call can be reached Monday—Friday, 8 a.m.—5 p.m. at 785-296-5592.

Kansas Department of Health and Environment



CHIEF CHAT

CDC published *Notes from the Field*: Administration of Expired Injectable Influenza Vaccines Reported to the Vaccine Adverse Event Reporting System—United States, July 2018–March 2019 in the June 14 issue of *MMWR*.

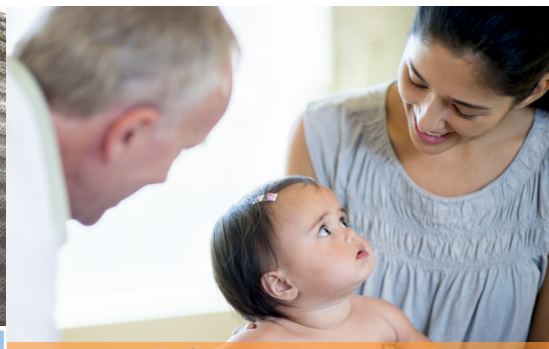
Every year, injectable inactivated influenza vaccine (IIV) has a standard expiration date of June 30 for the upcoming influenza season (i.e., July 1–June 30 of the following year). Vaccination with an expired influenza vaccine might not protect against influenza infection because different influenza virus strains can be included in the vaccine each year; in addition, protection against viruses included in the vaccine could wane if vaccine potency decreases over time. During July 11, 2018–March 29, 2019 in the United States, the Vaccine Adverse Event Reporting System (VAERS) received 125 reports of 192 patients receiving expired IIV during the 2018–19 influenza season, during which time 169.1 million doses of seasonal influenza vaccine were distributed....

Vaccines should be inspected for expiration before they are administered or transported to other facilities. Facility vaccine coordinators need to be aware of the standard expiration date of June 30 for IIV and make plans for the safe disposal or return of any remaining doses of IIV after that date. Sometimes unused vaccine may be returned for credit, even if the doses must be discarded. State immunization programs or vaccine manufacturers should be contacted to determine whether such provisions apply. Any person who receives an expired influenza vaccine should be revaccinated with the current season's influenza vaccine.

Access the complete report: *Notes from the Field*: Administration of Expired Injectable Influenza Vaccines Reported to the Vaccine Adverse Event Reporting System—United States, July 2018–March 2019.

Due to multiple staff vacations, holidays, meetings and conferences over the next several weeks, *What's Happening Wednesday* will be on hold until August. In the event of important changes, policy updates, or other matters that have significant impact on vaccines or outbreaks, the Kansas Immunization Program (KIP) will send out special announcements as needed to this list serv.

We wish everyone a very safe and happy Fourth of July and safe travels for all who will be traveling over the next month. Never hesitate to reach out to KIP staff with any needs you have.



In This Issue

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INJECTION OF EDUCATION

Have you ever had a discussion with a parent during their child's vaccine appointment and heard their stories of vaccine-hesitant family members? Voices for Vaccines has a toolkit you can share with patients and parents to help them start a pro-vaccine conversation with vaccine-hesitant family members. Talking to Vaccine-Hesitant Loved Ones with Compassion and Confidence offers advice on how to begin the conversation, reasons others may be hesitant, and tips for sharing their reasons to vaccinate. Daily we talk with patients and parents about the benefits of vaccines, but those opposed to vaccines speak loudly. Arming pro-vaccine parents with the tools to confidently share the benefits of vaccines, can help spread the word and spread protection again vaccine preventable diseases.

Voices for Vaccines offers parents a place to share their confidence in vaccines. They can even share a photo of their family and why they chose to vaccinate. There are many stories of families who were against vaccinating and have changed their minds. Becoming Pro-Vax offers tips from others who have begun to share their strong belief in vaccinating to protect their children.

We all know that parents can be very passionate when it comes to their children. Let's help parents who are passionate about protecting their children from vaccine-preventable diseases, find their voice.

Phil Griffin, current Immunization and Tuberculosis Section Chief has been named the new Director of the Bureau of Disease Control and Prevention.

In a statement sent to the BDCP staff on Tuesday, Ashley Goss, Deputy Secretary for Public Health stated, "I am happy to announce that Phil Griffin has been officially named your bureau director! Thank you for your patience during this transition, I know how hectic it can be and sometimes even scary. Phil will provide excellent leadership and support to your bureau! Thank you for all of your continued hard work and dedication to your jobs, it is not unnoticed and is greatly appreciated!!"

During this time of transition, Phil will continue to provide leadership to the Kansas Immunization Program and will seek to fill the Section Chief position as quickly as possible. Phil stated, "I am very proud of the work our staff has done to meet the immunization needs of Kansans and this work will not stop. In my new role, I will remain close to the action of protecting the lives of Kansans through all the efforts of our bureau. Public Health is my passion and seeing what we can accomplish together to prevent disease in Kansans is what fuels me."

It's Pride Month: CDC reminds providers to vaccinate men who have sex with men against hepatitis A

On June 11, CDC's National Prevention Information Network sent out a bulletin titled Pride Month: Hepatitis A Vaccination Among Men Who Have Sex with Men. The text is reprinted below.

June is Pride month, and this year marks the 50th Anniversary of Stonewall. New York City is hosting World Pride at the end of June, the first time World Pride is being held in the United States.

While hepatitis A and B vaccines are recommended for men who have sex with men, vaccine rates among this group remain low. CDC would like to take this time to ask that you join us in spreading the word about the need for men who have sex with men to get vaccinated for hepatitis A, which is particularly important during the ongoing outbreaks in multiple states. CDC has developed resources which can be tailored with local information, click here.

Updates and Responses About Measles Outbreaks in the U.S. and Abroad

Reminder of CDC's MMR Vaccine Recommendations for Travelers

Measles cases continue to climb in the United States. The current outbreak began with importations into under-vaccinated communities by U.S. residents returning from international travel. With summer travel season here, the Centers for Disease Control and Prevention (CDC) would like to remind you of the MMR vaccination recommendations for international travelers and persons living in or traveling domestically to areas with ongoing measles outbreaks and community-wide transmission.

INTERNATIONAL TRAVEL

The MMR vaccination recommendations for international travel have not changed.

Infants under 12 months old:

- Get an **early dose at 6-11 months**

  Follow the recommended schedule and get another dose at 12-15 months and a final dose at 4-6 years

Children over 12 months old:

- Get **first dose immediately**

  Get second **dose 28 days after first dose**

Teens and adults with no evidence of immunity*:

- Get **first dose immediately**

  Get second **dose 28 days after first dose**

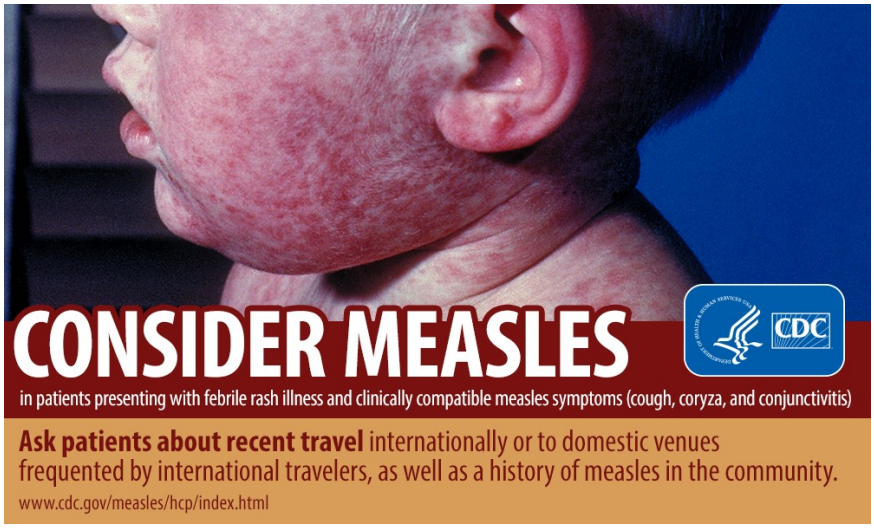
* Acceptable presumptive evidence of immunity against measles includes at least one of the following: written documentation of adequate vaccination, laboratory evidence of immunity, laboratory confirmation of measles, or birth in the United States before 1957.

Patients who need MMR vaccine should be fully vaccinated at least 2 weeks before departure. If the trip is less than 2 weeks away, and the patient is not protected against measles, give him/her a dose of MMR vaccine. **Two doses of MMR vaccine provide 97% protection against measles; one dose provides 93% protection.**

DOMESTIC TRAVEL TO OUTBREAK AREAS

CDC's MMR vaccination recommendations for persons residing in or visiting domestic measles outbreak areas within the U.S. have also not changed. You should ensure that people who live in and are traveling to areas in the U.S. where there is ongoing, community-wide transmission of measles are up-to-date on MMR vaccine. To decide whether to vaccinate an infant visitor less than 12 months of age, follow local health department guidance for the affected area (e.g., if no recommendation was made to vaccinate infant residents, do not vaccinate infant visitors).

Thank you for your continued efforts to protect your communities from measles. For more measles outbreak resources, visit our toolkit. We will soon be adding new resources to that toolkit, including a poster to use in provider offices with travel recommendations for MMR vaccine, as well as short videos with examples of who needs MMR vaccine when, and an interactive MMR vaccine recommendations quiz.



Bats Lead in U.S. Rabies Risk: Awareness of Rabies Threats Crucial to Preventing Deadly Disease
Published on June 14 in the regular edition of *MMWR.*

Press Release: Bats are responsible for roughly 7 in 10 rabies deaths among people who are infected with the rabies virus in the United States, possibly because people may not know of the risk bats pose, according to the Vital Signs report released today by the Centers for Disease Control and Prevention. The large percentage of deaths tied to bats is particularly striking since bats account for just a third of the 5,000 rabid animals reported each year in the U.S. Rabid dogs that people encounter while traveling overseas are the second-leading cause of rabies cases in Americans.

The U.S. averages 1–3 human cases of rabies a year now, down from 30–50 cases per year in the 1940s. This decrease is largely due to routine pet vaccination and availability of post-exposure prophylaxis (PEP), which combines rabies vaccine and rabies immune globulin to prevent infection after exposure to the virus. Each year, about 55,000 people in the U.S. seek PEP after a potential rabies exposure. Rabies is nearly always fatal if people don't get rabies PEP before symptoms start.

The U.S. rabies landscape has shifted dramatically during the past 81 years. Before 1960, bites from rabid dogs caused most human rabies cases in the U.S. Mass pet-vaccination programs and leash laws enacted in the 1950s significantly reduced rabies in dogs. As dog rabies declined, rabies in bats, raccoons, foxes, and skunks became more apparent. These animals have remained the primary hosts of the virus in the U.S., although any mammal—including unvaccinated dogs and cats—can get rabies if bitten by another animal that is rabid. Some animals that people may think spread rabies—like opossums and squirrels—rarely do.

Protecting against rabies
Staying away from wildlife, especially bats, is key to preventing rabies in people. Bats carry rabies virus in every U.S. state except Hawaii, and can spread the virus year-round. However, anecdotal case reports suggest that people may not be fully aware that bats pose a rabies risk—and so they may not seek life-saving rabies PEP if they are bitten or scratched by a bat. If people wake up with a bat in the room, CDC recommends that they assume they may have been exposed to rabies and see a healthcare provider right away to determine if they need to receive PEP for rabies.

Travelers need to remain vigilant
Americans who travel internationally should research the rabies risk at their destination, especially the risk from dogs, which still carry rabies in many countries around the world. Globally, rabid dogs cause about 98 percent of the 59,000 human deaths from rabies each year. CDC recommends travelers avoid animals, have a plan to get care if they are scratched or bitten, and have travel health insurance to pay for treatment should they need it. Some travelers may also want to consider pre-exposure vaccination depending on their specific travel plans. More information is available on CDC's Travel Health website.

Imported dogs pose a risk as well. CDC estimates more than 1 million dogs enter the U.S. annually, and 107,000 are imported from countries where rabies in dogs is common. Since 2015, three rabid dogs are known to have been brought into the U.S., posing a risk to people and pets who came in contact with them. Due to the robust U.S. public health surveillance system, these cases were rapidly identified and rabies didn't spread. Emergency efforts to respond to rabid imported dogs cost more than $200,000 per occurrence, but are necessary to prevent cases of rabies in people and potential reintroduction of the virus into the U.S. dog population.